

**EXHIBIT 146**

**NOTICE OF RECEIPT OF THE WRITTEN REQUEST  
OF WAIVER OF RIGHT TO A HEARING**

**(Date)**

Nursing Home Administrator Name

Facility Name

Address

City, State, ZIP

Dear **(Nursing Home Administrator)**:

On **(date)**, a civil money penalty in the amount of **(amount)** per day was imposed on **(facility name)** for noncompliance with the participation requirements found at 42 Code of Federal Regulations (CFR), part 483, subpart B. We received your written request to waive your right to a hearing on the noncompliance. In accordance with the requirements at 42 CFR 488.436, the civil money penalty will be reduced 35 percent. You will be notified of the payment amount that is due and payable after the total number of days of noncompliance is determined.

Sincerely,

Regional Office Official or  
State Medicaid Agency Official